

NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

TEL CADCOLATION DILECT WITH 1 CONTRACT CHOSE								
APPLICATION NUMBER: 01031005								
Total Fee Calculation								
		Fee Code	Total # Claims	Number Extra	_x_	Fœ	Fee =	Total
		Sm./Lg.				Sm. Entity	Lg. Entity	
	Basic Filing Fee	201/101	~				190	19
	Total Claims >20	203/103	<u>र्</u> यु -	20 = 🗷	х		00	u_{ζ}
	Independent Claims >3	202/102	٠ ـ ٢	3 =	X			
	Mult. Dep Claim Present	204/104					T	
	Surcharge	205/105					130	130
	English Translation	139						
	TOTAL FEE CALCUL	ATION	•					<u>94</u>
	Fees due upon filing the application:							
	Total Filing Fees Due = S							
	Less Filing Fees Sub	mitted -	· s 0					
	BALANCE DUE	=	s_964	1				

FORM OIPE-RAM-01 (Rev. 5/97)